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SEC 02)

Potential persons who are to respond to the collection of information 1972 (6- contained in this form are not required to respond unless the form displays a currently valid OMB control number.



Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response 1

SEC	USE ON	√LY
Prefix		Serial
DAT	E RECEI	VED

PROCESSED JUL 01 2004

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] UL
Type of Filing: [X] New Filing [] Amendment
A. BASIC IDENTIFICATION DATA
Enter the information requested about the issuer
Name of Issuer ([] check if this is an amendment and name has changed, and indiciate change.) TARO PATCH HOLDINGS LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
P.O. BOX 452741 LOS ANGERES, CA 90045-8538 (310) 649-1965
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)



Brief Description		INVESTMENT	s Devero	PMEN	17
Type of Busine	ss Organization				
[] corporation		[] limited partne	rship, already for	med	[x] other (please specif
[] business trust		[] limited partne	[] limited partnership, to be formed		
			Month	Year	
		corporation or Organi Organization: (Enter CN for Car		[<i>6</i>] <i>4</i>] ostal Serv r foreign j	[x] Actual [] Estimatice abbreviation for State furisdiction) [4][4]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [] Beneficial [] Executive [] Director [Owner Officer	General and Managing Partner
successfrom an analysis and consequently consequently represented the property of the proper	[X] Limited Liability Member	rainici
Full Name (Last name	e first, if individual)	
WONG,	RICHARD SAU HUNG	
_	ce Address (Number and Street, City, State, Zip Code)	
	[] Promoter [] Beneficial [] Executive [] Director [Owner Officer] General and Managing Partner
	[x] Limited Liability Member	r arurer
Full Name (Last name	,	
WONG,	STANTON SAU TONG.	
Business or Residence	ce Address (Number and Street, City, State, Zip Code)	
2752 WO	ODLAWN DRIVE, #5-ZIZ, HONOLULU, HI	96822
	[] Promoter [] Beneficial [] Executive [] Director [Owner Officer	
	[X] LIMITED LIABILITY MEMBER	Partner
Full Name (Last name	e first, if individual)	شوب والتواوسة الدواري به بره معاشت من منصف فصفحه سمدمند في ش
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	ce Address (Number and Street, City, State, Zip Code)	
	DLAWN DRIVE, #5-212, HONOLULU, HI 968	22_
* Service And American Property and Company of the	***************************************	
Oneck Box(es) that	[] Promoter [] Beneficial [] Executive [] Director [Owner Officer	managing
πμριγ.		Partner
Apply:	[x] Limited Liability Member	
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Full Name (Last nam	ne first, if individual)	en vinerale armé Lendi Parcon às girelan l'américape d'es à mara bocu, cur en
Full Name (Last nam Woんな	,	en anna na Mhallann air, ann dh'an an righ ag seimh i sightir, a th'i th'i th'i th'i th'i th'i th'i th'i

Apply: Owner Officer Managing Partner Full Name (Last name first, if individual) LORRIN AND DEANE WONE FAMILY TRUST WA/D 3/24 Business or Residence Address (Number and Street, City, State, Zip Code) 59 24 SHENANDOLH ANGNE LOS ANGEES, CA 90051 Check Box(es) that [] Promoter [] Beneficial Owner Officer Managing Partner Full Name (Last name first, if individual) WONG LORRIN S. H. Business or Residence Address (Number and Street, City, State, Zip Code) 59 24 SHENANDOLH ANGNE LOS ANGGES, CA 90 Check Box(es) that [] Promoter [] Beneficial Owner Officer [] Director [] General a Apply: Check Box(es) that [] Promoter [] Beneficial Owner Officer [] Director [] General and Apply: Check Box(es) that [] Promoter [] Beneficial Owner Officer [] Director [] General and Apply: Check Box(es) that [] Promoter [] Beneficial Owner Officer [] Director [] General and Apply: Check Box(es) that [] Promoter [] Beneficial Owner Officer [] Director [] General and Apply: Check Box(es) that [] Promoter [] Beneficial Owner Officer [] Director [] General and Apply: Check Box(es) that [] Promoter [] Beneficial Owner Officer [] Director [] General and Apply: Check Box(es) that [] Promoter [] Beneficial Owner Officer [] Director [] General and Apply: Check Box(es) that [] Promoter [] Beneficial [] Executive [] Director [] General and Apply: Check Box(es) that [] Promoter [] Beneficial [] Executive [] Director [] General and Apply: Check Box(es) that [] Promoter [] Beneficial [] Executive [] Director [] General and Apply: Check Box(es) that [] Promoter [] Beneficial Owner Officer [] Owner Officer [] Owner Ow	and the second s	tacturing fulfacted of the finishment and several and several and activities on the form and	and the second second properties of the second second section is a second section of the section	Alle Brownian of the Market Control of the Color of the C	The Marine Service State Commence of the Commence of the Service o	STATE OF THE PROPERTY OF THE P
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Check Box(es) that [] Promoter [] Beneficial Owner Officer Off	Full Name (Last name LoRRIN	e first, if individual)	ka gala bala da	and the second s	+/0 3/24/
Apply: Owner Officer Managing Partner Full Name (Last name first, if individual) WONG, LORRIN S. H. Business or Residence Address (Number and Street, City, State, Zip Code) 5924 SHENA-NO SH. AVENCE, LOS ANGELES, CA 96 Check Box(es) that [] Promoter [] Beneficial Owner Officer [] Director [] General a Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.) B. INFORMATION ABOUT OFFERING 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?				· ·	•	90056
Business or Residence Address (Number and Street, City, State, Zip Code) \$5924	Check Box(es) that Apply:		Owner		[] Director [Managing
Check Box(es) that [] Promoter [] Beneficial Owner Officer [] General a Apply: Owner Officer [] General a Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.) B. INFORMATION ABOUT OFFERING 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?	•			da n 1979 ka mang ka naga ka da dan dan manananan an ya penananan 1 ₂ a jawa da Kasasa	en terretaria de la constitución d	ter to the entire of the type of the equal of the same are an appearance in susception of the entire of the equal of the entire
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B. INFORMATION ABOUT OFFERING 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filling under ULOE. 2. What is the minimum investment that will be accepted from any individual?	Business or Residence	ce Address (Numb	per and Street, (City, State, Zip C	ode)	annes y commence and management of the state
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Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. None Full Name (Last name first, if individual)		B. INFO	DRMATION AB	OUT OFFERING		ing a were and designed, a residential by the Police for a Police control of 2017 for the row are by the control of 2017 for the row and a second of 2017 for the row
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.
and aiready exchanged.

Type of Security	Aggregate Offering Price	Amount Air Sold
Debt	\$	\$
Equity	\$	\$
[] Common [] Preferred		·
Convertible Securities (including warrants)	\$	\$
	\$	\$
Other (Specify LIMITED LIABILITY COMPANY MEMBERSHIP	\$ 8,600,000. 0	\$ 8,600,000.00
Total (NTE RESTS	\$8,600,000.00	\$8,600,00000
Answer also in Appendix, Column 3, if filing under ULOE.		

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

Accredited Investors	Number Investors	Aggregate Dollar Amo of Purchase \$ \$ 8,600,000.00
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		

3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u>, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amo Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the

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Transfer Agent's Fees	[]\$ 0
Printing and Engraving Costs	[]\$ 0
Legal Fees	1 1\$ 0
Accounting Fees	[]\$ 0
Engineering Fees	11\$ 0
Sales Commissions (specify finders' fees separately)	[]\$ 0
Other Expenses (identify)	[]\$ 0
Total	[]\$0

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$ 8,600,000.00

Payments to

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Officers,	Paymer
	Directors, &	
	Affiliates	Others
Salaries and fees	[] \$	[] _\$
Purchase of real estate	[] \$	[] \$
Purchase, rental or leasing and installation of machinery and equipment	[] \$	[] \$
Construction or leasing of plant buildings and facilities	[] \$	[] \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[] \$	[]
Repayment of indebtedness	[] \$	[] _\$
Working capital	[] \$	[] \$
Other (specify): TRANSFER OF REAL PROPERTY	\$ \$1,380,000	\$ 720,000
FOR EACH WEMBER OF UL	[]	[]
	r 1	- *
Column Totals	\$	\$
Total Payments Listed (column totals added)	[]\$	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to

furnish to the U.S. Securities and Exchange information furnished by the issuer to any no 502.	Commission, upon wr n-accredited investor	tten request of its pursuant to parag	staff, the raph (b)(2) of Rule
Issuer (Print or Type)	Signature	· J. Hoding	Date
Name of Signer (Print or Type)	Title of Sig	ner (Print or Type	e)
Intentional misstatements or omissions	ATTENTION of fact constitute fe U.S.C. 1001.)	deral criminal vio	olations. (See 18
	ATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 provisions of such rule?	presently subject to a	ny of the disqualif	fication Ye
See Appendix,	Column 5, for state 1	response.	
2. The undersigned issuer hereby undertain which this notice is filed, a notice on F by state law.			
3. The undersigned issuer hereby underta- written request, information furnished by			ators, upon
4. The undersigned issuer represents that satisfied to be entitled to the Uniform lim which this notice is filed and understands exemption has the burden of establishing	nited Offering Exem s that the issuer clair	ption (ULOE) of ning the availabi	f the state in ility of this
The issuer has read this notification and l notice to be signed on its behalf by the un			s duly caused this
Issuer (Print or Type)		Signature	Date
Name of Signer (Print or Type)		Title (Print or Typ	ne)